

<i>SERFF Tracking Number:</i>	<i>AMFA-127390955</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>49682</i>
<i>Company Tracking Number:</i>	<i>TSAE 8-11 ENDORSEMENT</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>TSAE 8-11 TSA Endorsement</i>		
<i>Project Name/Number:</i>	<i>TSAE 8-11 TSA Endorsement/TSAE 8-11 TSA Endorsement</i>		

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: TSAE 8-11 TSA Endorsement	SERFF Tr Num: AMFA-127390955	State: Arkansas
TOI: A02I Individual Annuities- Deferred Non-Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 49682
Sub-TOI: A02I.003 Single Premium	Co Tr Num: TSAE 8-11 ENDORSEMENT	State Status: Approved-Closed
Filing Type: Form	Reviewer(s): Linda Bird, Donna Lambert	
	Authors: Cindy Meyer, Teri Tran	Disposition Date: 09/02/2011
	Date Submitted: 08/31/2011	Disposition Status: Approved-Closed
Implementation Date Requested: 12/05/2011		Implementation Date:

State Filing Description:

General Information

Project Name: TSAE 8-11 TSA Endorsement	Status of Filing in Domicile: Pending
Project Number: TSAE 8-11 TSA Endorsement	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 09/02/2011
	State Status Changed: 09/02/2011
Deemer Date:	Created By: Teri Tran
Submitted By: Teri Tran	Corresponding Filing Tracking Number:
Filing Description:	
Ameritas Life Insurance Corp.	
AIC No.: 0943-61301	
FEIN No.: 47-0098400	

Application: UN 1418 8-11 (Application for Single Premium Deferred Annuity)

Endorsements: TSAE 8-11 (Tax Sheltered Annuity Endorsement)

<i>SERFF Tracking Number:</i>	<i>AMFA-127390955</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>TSAE 8-11 ENDORSEMENT</i>		
<i>TOI:</i>	<i>A021 Individual Annuities- Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A021.003 Single Premium</i>
	<i>Variable</i>		
<i>Product Name:</i>	<i>TSAE 8-11 TSA Endorsement</i>		
<i>Project Name/Number:</i>	<i>TSAE 8-11 TSA Endorsement/TSAE 8-11 TSA Endorsement</i>		

Attached for your review and approval are the following forms.

UN 1418 8-11- This is our base application used to apply for our Single Premium Deferred Annuity, Policy 2701, previously approved by your Department. This application will replace UN 1418 5-11 also previously approved by your Department. We have added a 403(b) TSA option under Section 4, "Annuity Type".

TSAE 8-11 – This is a Tax Sheltered Annuity Endorsement intended to conform the policy to the provisions for a tax sheltered annuity to meet the requirements of Internal Revenue Code of 1986, as amended. All provisions of the policy will be interpreted to ensure and maintain qualification in accordance with Code Section 403(b). This is a new form and does not replace any previously approved forms. This endorsement is being made available for use with our Single Premium Deferred Annuity, Policy 2701. It will also be used with our Flexible Premium Index Annuity, Policy 2704, previously approved by your Department. In addition, we request to use this form with any other approved policy as appropriate.

These forms will become effective on December 5, 2011, or upon approval, whichever is later.

No part of our filing contains any unusual or possibly controversial items from normal company or industry standards.

Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page.

If you should have any questions, please do not hesitate to contact me at 1-800-745-1112, extension 87899, via fax at (402) 467-7956, or e-mail ttran@ameritas.com.

Company and Contact

Filing Contact Information

Teri Tran, Contract Analyst	ttran@ameritas.com
5900 O Street	800-745-1112 [Phone] 87899 [Ext]
P O Box 81889	402-467-7956 [FAX]
Lincoln, NE 68501-1889	

Filing Company Information

Ameritas Life Insurance Corp.	CoCode: 61301	State of Domicile: Nebraska
5900 O Street	Group Code: 943	Company Type:
P O Box 81889	Group Name:	State ID Number:
Lincoln, NE 68501-1889	FEIN Number: 47-0098400	

SERFF Tracking Number: AMFA-127390955 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 49682
Company Tracking Number: TSAE 8-11 ENDORSEMENT
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: TSAE 8-11 TSA Endorsement
Project Name/Number: TSAE 8-11 TSA Endorsement/TSAE 8-11 TSA Endorsement

(800) 756-1112 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50/form X 2 forms = \$100
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$100.00	08/31/2011	51132841

SERFF Tracking Number:	AMFA-127390955	State:	Arkansas
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TOI:	A02I Individual Annuities- Deferred Non-Variable	Sub-TOI:	A02I.003 Single Premium
Product Name:	TSAE 8-11 TSA Endorsement		
Project Name/Number:	TSAE 8-11 TSA Endorsement/TSAE 8-11 TSA Endorsement		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/02/2011	09/02/2011

<i>SERFF Tracking Number:</i>	<i>AMFA-127390955</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Variable</i>		
<i>Product Name:</i>	<i>TSAE 8-11 TSA Endorsement</i>		
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Disposition

Disposition Date: 09/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFA-127390955 State: Arkansas

Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 49682

Company Tracking Number: TSAE 8-11 ENDORSEMENT

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable

Product Name: TSAE 8-11 TSA Endorsement

Project Name/Number: TSAE 8-11 TSA Endorsement/TSAE 8-11 TSA Endorsement

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Application for Single Premium Deferred Annuity		Yes
Form	Tax Sheltered Annuity Endorsement		Yes

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TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium Variable

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Form Schedule

Lead Form Number: UN 1418 8-11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	UN 1418 8-11	Application/ Enrollment Form	Application for Single Premium Deferred Annuity Revised	Replaced Form #: UN 1418 5-11 Previous Filing #: 48687	56.000	UN 1418 8-11.pdf
	TSAE 8-11	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55.000	TSAE 8-11.pdf

Application for Single Premium Deferred Annuity

Please print clearly in black ink. This form will be photocopied.

1. Policyowner If a Trust, give Trustee name and Trust date. All correspondence will be sent to this address. A copy of the trust should be submitted with the application.

Full Name _____

☐ Social Security # or ☐ Tax I.D. Number _____

Address _____

City/State/ZIP _____

U.S. Citizen: ☐ Yes ☐ No Sex: ☐ M ☐ F

Date of Birth _____

Date of Trust _____

Day Phone _____

E-mail _____

JOINT OWNER (Optional)

Full Name _____

☐ Social Security # or ☐ Tax I.D. Number _____

Address _____

City/State/ZIP _____

U.S. Citizen: ☐ Yes ☐ No Sex: ☐ M ☐ F

Date of Birth or Trust _____

Relationship to Owner _____

Day Phone _____

E-mail _____

2. Annuitant If other than owner.

Full Name _____

☐ Social Security # or ☐ Tax I.D. Number _____

Address _____

City/State/ZIP _____

U.S. Citizen: ☐ Yes ☐ No Sex: ☐ M ☐ F

Date of Birth or Trust _____

Relationship to Owner _____

Day Phone _____

JOINT ANNUITANT (Optional)

Full Name _____

☐ Social Security # or ☐ Tax I.D. Number _____

Address _____

City/State/ZIP _____

U.S. Citizen: ☐ Yes ☐ No Sex: ☐ M ☐ F

Date of Birth or Trust _____

Relationship to Owner _____

Day Phone _____

3. Beneficiary If joint owner, both owners must be named primary beneficiaries. If left blank, the beneficiary will be the estate of the Owner. Unless otherwise indicated, multiple beneficiaries of the same class shall be paid equally to the survivor or survivors. Please provide full names.

PRIMARY _____ Social Security # _____

Relationship to Owner _____ Date of Birth _____

CONTINGENT _____ Social Security # _____

Relationship to Owner _____ Date of Birth _____

4. Annuity Type

A. Plan Type:

- | | |
|--|---|
| <input type="checkbox"/> Nonqualified | <input type="checkbox"/> 408(b) IRA |
| <input type="checkbox"/> 401(a) Pension/Profit Sharing | <input type="checkbox"/> 408(k) SEP-IRA |
| <input type="checkbox"/> 401(k) Profit Sharing | <input type="checkbox"/> 408(p) SIMPLE IRA |
| <input type="checkbox"/> 403(b) TSA | <input type="checkbox"/> 408A ROTH IRA (Regular Contribution) |

Type of Transfer

- ☐ 1035 Exchange
☐ Direct Transfer
☐ Direct Rollover
☐ Roth Conversion

B. Contract Election: (interest varies by election)

- ☐ Without Bailout
☐ 1 Year guaranteed period ☐ 3 Year guaranteed period ☐ 6 Year guaranteed period
☐ 1 Year guaranteed period with Bailout

NOTE FOR ARIZONA RESIDENTS: On written request, we will provide, within a reasonable time, reasonable factual information regarding the benefits and provisions of the policy for which you are applying. If for any reason you are not satisfied, you may return the policy to us or the selling agent within ten days of the date of delivery of the policy (thirty days if you are age 65 or older). The amount of the refund will be equal to that permitted by Arizona Insurance Code.

5. Premium Payment **IMPORTANT! All premium checks must be made payable to Ameritas Life Insurance Corp.**

Do not make check payable to the agent/producer or leave the payee blank.

☐ Check Attached

Amount of Premium With Application: \$ _____

☐ Exchange/Rollover/Transfer Form Attached

6. Replacement

Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

Will this annuity replace any existing insurance policies or annuity contracts? ☐ Yes ☐ No

Company _____

Policy No. _____

7. Special Instructions

8. For your protection, please read the following notice:

In several states other than those listed below, we are required to warn you of the following: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud The Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Note for Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Note for Georgia, Kansas, Nebraska and Texas Residents: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Maine and Washington Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Note for District of Columbia, Maryland and Rhode Island Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for Massachusetts Residents: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Minnesota and Vermont Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Note for New Hampshire Residents: Any reference to "spouse" is defined to include partners to a civil union. The Federal Defense of Marriage Act states that civil union partners are not considered married under federal law. Therefore, the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner. For information regarding federal tax laws, please consult a tax advisor.

Note for New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Note for Oklahoma Residents: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment.

Note for Oregon Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Note for Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

9. Acknowledgment

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained above are full, complete, and true.
2. I (We) certify that the Social Security or taxpayer identification number shown above is correct.
3. For Alaska Residents: All statements and descriptions in this application are considered representations and not warranties.

Dated at _____ (City) _____ (State) On this Date _____

X
Signature of Owner

X
Signature of Joint Owner (if applicable)

X
Signature of Annuitant if other than Owner

X
Signature of Joint Annuitant If other than Joint Owner (if applicable)

Title of Officer or Trustee(s)

Title of Officer or Trustee(s)

10. Agent's/Producer's Statement (Must check appropriate box)

- a. To your knowledge does the Owner (Applicant) have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
- b. Do you have any knowledge or reason to believe that replacement of existing life insurance policies or annuity contracts may be involved? ☐ Yes ☐ No
(If yes, give details in Section 6 and complete any state required replacement forms.)
- c. Did you see the Proposed Owner at the time of application completion? ☐ Yes ☐ No

You must obtain a copy of a government-issued picture form of identification (I.D.) for each owner and submit it with this application. Examples of acceptable forms are: Driver's License, Passport, Military I.D., Green Card.

If it is not possible to obtain a copy, you must provide the following information:

Form of I.D. used for Owner I.D. # Expiration Date

Form of I.D. used for Joint Owner (if applicable) I.D. # Expiration Date

What was or will be the source of funds used to apply for the policy?

☐ Checking Account ☐ Savings Account ☐ Proceeds from Investments ☐ Inheritance ☐ Other _____

I certify that the information provided by the Owner has been accurately recorded. **For MN residents, I have delivered the Minnesota Guaranty Notice.** I have reasonable grounds to recommend the purchase of the policy as suitable for the Owner.

X
Signature of Agent/Producer Date

Print Name Here Agent/Producer Code / Percentage Florida License I.D. # Agency or Broker/Dealer

X
Signature of Agent/Producer Date

Print Name Here Agent/Producer Code / Percentage Florida License I.D. # Agency or Broker/Dealer

AMERITAS LIFE INSURANCE CORP.

TAX SHELTERED ANNUITY ENDORSEMENT

PURPOSE. This endorsement is attached to and made a part of this annuity policy. It is intended to conform the policy to the provisions for a Tax Sheltered Annuity ("TSA") under the Code. The Code is the Internal Revenue Code of 1986, as amended (the "Code"). All provisions of this policy will be interpreted to ensure and maintain qualification in accordance with Code Section 403(b). If there is a conflict between the terms of the policy and the terms of this endorsement, the endorsement controls. The policy may be amended from time to time to comply with the legal requirements for a TSA.

LIMITATION ON ELECTIVE DEFERRALS. The maximum annual contribution for any calendar year, by the *owner* or on behalf of the *owner*, that represents an elective deferral under a salary reduction agreement (within the meaning of Section 402(g)(3)(C) of the Code), may not exceed the limitation set forth in Code Section 402(g).

- (1) Elective deferrals include the sum of all of the elective deferrals contributed on the *owner's* behalf (even if contributed by different employers) and not includible in the *owner's* gross income for the year to:
 - (a) cash or deferred arrangements (401(k) plans);
 - (b) Code Section 501(c)(18) plans created before June 25, 1959 (only to the extent excluded from the *owner's* gross income);
 - (c) Simplified Employee Plans (SEPs);
 - (d) TSA's; and
 - (e) with respect to any elective employer contributions to a simple retirement accounts under Code Section 408(p)(2)(A)(i).
- (2) In the case of an individual who is 50 or older, the annual cash contribution limit is increased by the amount of additional elective deferrals permitted for the taxable year, as set forth in Code Section 414(v).
- (3) If the *owner* defers more than the allowable amount for a calendar year, the *owner* must include the excess deferrals in his or her gross income for that year in which they were made. They may not be used to reduce the *owner's* gross income.
- (4) Not later than March 1 following the close of the calendar year, the *owner* may:
 - (a) allocate the amount of such excess deferrals among the plans under which the deferrals were made; and
 - (b) certify to *us* in writing the portion allocated to it.
- (5) Not later than the first April 15 following the close of the calendar year, *we*, in connection with this TSA, may disburse to the *owner* the excess amount allocated and certified to it and any income allocable to such amount (minus any applicable charges under the TSA).

The income allowable to excess deferrals is equal to the sum of:

- (a) the allocable gain or loss for the calendar year; and
- (b) the allocable gain or loss for the period between the end of the calendar year and the date of the disbursement.

To the extent that the excess deferrals are not disbursed to the *owner* by the first April 15 after the end of the calendar year in which they were made, they may be disbursed only when permitted by Code Section 402(g)(3)(C).

- (6) This limitation is separate from any other limitation under the Code both as to amount and treatment of contributions which may be applicable to this TSA.
- (7) If the policy to which this TSA endorsement is attached is a Single Premium Deferred Annuity ("SPDA") any contribution must be initiated at the time of application, whether in the form of a rollover, transfer, annual contribution or combination thereof; subsequent contributions will not be accepted.

DISTRIBUTIONS BEFORE DEATH.

- (1) Notwithstanding any provision of this TSA to the contrary, the distribution of the individual's interest in the TSA shall be made in accordance with the requirements of Code Section 403(b)(10) and the regulations thereunder, the provisions of which are herein incorporated by reference. If distributions are not made in the form of an annuity on an irrevocable basis (except for acceleration), then distribution of the interest in the TSA (as determined under paragraph 3 of the following section entitled Distributions After Death) must satisfy the requirements of Code and the regulations thereunder, rather than paragraphs (2), (3) and (4) below and the following section entitled Distributions After Death.
- (2) The entire interest of the individual for whose benefit the policy is maintained will commence to be distributed no later than the first day of April following the calendar year in which such individual attains age 70½ or the calendar year in which the individual retires (the "required beginning date") over:
 - (a) the life of such individual or the lives of such individual and his or her designated *beneficiary*; or
 - (b) a period certain not extending beyond the life expectancy of such individual or the joint and last survivor expectancy of such individual and his or her designated *beneficiary*.

Payments must be made in periodic payments at intervals of no longer than 1 year and must be either nonincreasing or they may increase only as provided in Q&As -1 and -4 of Section 1.401(a)(9)-6 of the Income Tax Regulations. In addition, any distribution must satisfy the incidental benefit requirements specified in Q&A-2 of Section 1.401(a)(9)-6.

- (3) The distribution periods described in paragraph (2) above cannot exceed the periods specified in Section 1.401(a)(9)-6 of the Income Tax Regulations.
- (4) The first required payment can be made as late as the required beginning date and must be the payment that is required for one payment interval. The second payment need not be made until the end of the next payment interval.

DISTRIBUTIONS AFTER DEATH.

- (1) *Death On or After Required Distributions Commence.* If the individual dies on or after required distributions commence, the remaining portion of his or her interest will continue to be distributed under the policy option chosen.
- (2) *Death Before Required Distributions Commence.* If the individual dies before required distributions commence, his or her entire interest will be distributed at least as rapidly as follows:
 - (a) If the designated *beneficiary* is someone other than the individual's surviving spouse, the entire interest will be distributed, starting by the end of the calendar year following the calendar year of the individual's death, over the remaining life expectancy of the designated *beneficiary*, with such life expectancy determined using the age of the *beneficiary* as of his or her birthday in the year following the year of the individual's death, or, if elected, in accordance with paragraph (2)(c) below.
 - (b) If the individual's sole designated *beneficiary* is the individual's surviving spouse, the entire interest will be distributed, starting by the end of the calendar year following the calendar year of the individual's death (or by the end of the calendar year in which the individual would have attained age 70½, if later), or, if elected, in accordance with paragraph (2)(c) below. If the surviving spouse dies before required distributions commence to him or her, the remaining interest will be distributed, starting by the end of the calendar year following the calendar year of the spouse's death, over the spouse's designated *beneficiary's* remaining life expectancy determined using such *beneficiary's* age as of his or her birthday in the year following the death of the spouse, or, if elected, will be distributed in accordance with paragraph (2)(c) below. If the surviving spouse dies after required distributions commence to him or her, any remaining interest will continue to be distributed under the policy option chosen.
 - (c) If there is no designated *beneficiary*, or if applicable by operation of paragraph (2)(a) or (2)(b) above, the entire interest will be distributed by the end of the calendar year containing the fifth anniversary of the individual's death (or of the spouse's death in the case of the surviving spouse's death before distributions are required to begin under paragraph (2)(b) above).

- (d) Life expectancy is determined using the Single Life Table in Q&A-1 of Section 1.401(a)(9)-9 of the Income Tax Regulations. If distributions are being made to a surviving spouse as the sole designated *beneficiary*, such spouse's remaining life expectancy for a year is the number in the Single Life Table corresponding to such spouse's age in the year. In all other cases, remaining life expectancy for a year is the number in the Single Life Table corresponding to the *beneficiary's* age in the year specified in paragraph (2)(a) or (b) and reduced by 1 for each subsequent year.
- (3) The "interest" in the TSA includes the amount of any outstanding rollover and transfer under the Income Tax Regulations and the actuarial value of any other benefits provided under the TSA, such as guaranteed death benefits.
- (4) For purposes of paragraphs (1) and (2) above, required distributions are considered to commence on the individual's required beginning date or, if applicable, on the date distributions are required to begin to the surviving spouse under paragraph (2)(b) above. However, if distributions start prior to the applicable date in the preceding sentence, on an irrevocable basis (except for acceleration) under an annuity policy meeting the requirements of Section 1.401(a)(9)-6 of the Income Tax Regulations, then required distributions are considered to commence on the annuity starting date.

RESTRICTION ON DISTRIBUTIONS. Disbursements attributable to contributions made pursuant to a salary reduction agreement (within the meaning of Section 402(g)(3)(C)) may be paid only:

- (1) when the employee attains age 59 1/2, separates from service, dies, or becomes disabled (within the meaning of Section 72(m)(7)); or
- (2) in the case of hardship.

Such policy may not provide for the disbursement of any income attributable to such contributions in the case of hardship. This paragraph applies to assets which were not in this TSA as of the close of the last year beginning before January 1, 1989.

DIRECT ROLLOVERS. The *owner* or the *owner's* surviving spouse as *beneficiary* or the *owner's* former spouse as alternative payee under a qualified domestic relations order within the meaning of Section 414(q) of the Code, as applicable (the "Distributee"), may elect, at the time and in the manner prescribed by *us*, to have any portion of an eligible rollover distribution paid directly to an eligible retirement plan. An eligible retirement plan is an individual retirement account described in Code Section 408(a), an individual retirement annuity described in Code Section 408(b), an annuity plan described in Code Section 403(a), an annuity policy described in Code Section 403(b), a qualified trust under Code Section 401(a), an eligible plan described in Code Section 457(b) which is maintained by a state, a political subdivision of a state, or any agency or instrumentality of a state or political subdivision of a state and which agrees to separately account for amounts transferred into such surviving spouse or to a spouse or former spouse who is the alternate payee under a qualified domestic relations order, as defined in Code Section 414(p).

An eligible rollover distribution is any distribution of all or any portion of the balance to the credit of the Distributee, other than (a) any distribution that is one of a series of substantially equal periodic payments (not less frequently than annually) made for the life or life expectancy of the Distributee or for the joint lives or life expectancies of the Distributee and his or her *beneficiary* or for a specific period of ten years or more, (b) any distribution to the extent it is a required minimum distribution under Code Section 403(b)(10), (c) any hardship distribution and (d) the portion of any distribution that is not includible in gross income (except as otherwise provided in Code Section 402(c)). This provision shall be interpreted in accordance with Code Section 403(b)(10) and the regulations thereunder.

BENEFICIARY. The *annuitant* may initially designate a *beneficiary* on the application submitted to *us*. The *annuitant* may change the *beneficiary* designation at any time and from time to time by written notice in a form acceptable to *us*.

OWNERSHIP; NONFORFEITABILITY. The policy is established for the exclusive benefit of the *annuitant* or his or her beneficiaries. Therefore, while the *annuitant* is living, the *annuitant* is the *owner* of this policy and the interest of the *owner* nonforfeitable.

ENTIRE POLICY. *We* are not a party to, nor are *we* bound by any agreement, plan or trust in connection with this policy. The terms of this policy shall govern the rights and duties, notwithstanding any contrary terms of any such agreement, plan or trust. However, if the Plan, as provided in Section 1.403(b)-3(b)(3) of the Income Tax Regulation, is more restrictive than this policy the Plan document terms will govern.

NONTRANSFERABILITY. The *owner* may not sell, assign, discount or pledge this policy as collateral for a loan or to secure the performance of any obligation or for any purpose to any person other than to *us*.

<i>SERFF Tracking Number:</i>	<i>AMFA-127390955</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>49682</i>
<i>Company Tracking Number:</i>	<i>TSAE 8-11 ENDORSEMENT</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>TSAE 8-11 TSA Endorsement</i>		
<i>Project Name/Number:</i>	<i>TSAE 8-11 TSA Endorsement/TSAE 8-11 TSA Endorsement</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR Readability Certification.pdf		
Bypassed - Item: Application Bypass Reason: The application form is included in this filing. Comments:	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: Does not apply to this filing. Comments:	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: Statement of Variability.pdf	Item Status:	Status Date:

STATE OF ARKANSAS

CERTIFICATION OF READABILITY

INSURER: **Ameritas Life Insurance Corp.**

hereby certifies that this filing achieves a Flesch Reading Ease Test Score as stated below:

Form Number	Form Title	Flesch Score
UN 1418 8-11	Application for Single Premium Deferred Annuity	56 when scored with policy
TSAE 8-11	Tax Sheltered Annuity Endorsement	55 when scored with policy

SIGNATURE:

TYPED NAME:



Robert G. Lange
Vice President, General Counsel and Assistant Secretary

DATE:

August 31, 2011

AMERITAS LIFE INSURANCE CORP.

STATEMENT OF VARIABILITY

**UN 1418 8-11 – Application for Single Premium Deferred Annuity
TSAE 8-11 – Tax Sheltered Annuity Endorsement**

APPLICATION UN 1418 8-11

The following is bracketed on the application page. These items have been bracketed in the event they change in the future.

1. General Company Information
 - (a) Client Service Office Address

ENDORSEMENT TSAE 8-11

The following is bracketed on the endorsement. These items have been bracketed in the event they change in the future.

1. Officers Names and Titles